

**Nebraska Medicaid Long-Term Care
UB-04 Billing Instructions
For
Nursing Facility, ICF/MR, Assisted Living - Waiver, Hospital Swing Bed and Hospice in
Nursing Facility or ICF/MR (ICF/ID)
Providers**

These instructions can be used in combination with the CMS-1450 (UB-04) claim form instructions in the National Uniform Billing Committee Data Specifications Manual's CMS-1450 (UB-04) claim form instructions. This Data Specifications Manual is available from the National Uniform Billing Committee at: <http://www.nubc.org>

FL DATA ELEMENT DESCRIPTION	REQUIREMENT
1. Provider Name, Address & Telephone Number	Required
2. Pay-to Name and Address	Situational
3a Patient Control Number The patient control number will be included on the Medicaid Remittance Advice.	Situational
3b Medical /Health Record Number The number assigned to the patient's medical/health record by the provider.	Situational
4. Type of Bill	Required
<ul style="list-style-type: none"> • Use Bill Type codes 21X or 28X for nursing facility and nursing facility hospice services • Use Bill Type codes 65X or 66X for ICF/MR and ICF/MR hospice services • Use Bill Type code 66X for assisted living Waiver services • Use Bill Type code 18X for hospital swing beds services <p>Third digit must correspond to claim frequency code: 1 = Admit through Discharge Claim 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim</p>	
5. Federal Tax Number	Required
6. Statement Covers Period Enter beginning and end claim services dates.	Required
7. Reserved for Assignment by the NUBC	Not Used

8. Patient Name/Identifier	Required
The patient is the person who received services.	
9. Patient Address	Required
The patient address will be the facility address.	
10. Patient Birth Date	Required
11. Patient Sex	Required
12. Admission Date	Required
The date the resident was admitted to the facility or elected hospice.	
13. Admission Hour	Not Used
14. Priority (Type of Visit)	Not Used
15. Source of Referral for Admission	Not Used
16. Discharge Hour	Not Used
17. Patient Discharge Status	Situational
Code indicates the disposition or discharge status of the patient for the period covered by the claim and is required only when patient's stay ends at the facility.	
18-28. Condition Codes	Not Used
29. Accident State	Not Used
30. Reserved for National Assignment by the NUBC	Not Used
31-34. Occurrence Codes and Dates	Not Used
35-36. Occurrence Span Code and Dates	Situational
<ul style="list-style-type: none"> • Use Occurrence Span Code 70 to report nursing facility Medicare Days and enter the beginning and end dates (nursing facilities <u>only</u>). • Use Occurrence Span Code 74 to report Hospital Days and enter the beginning and end dates (all providers except hospital swing bed providers). 	
37. Reserved for National Assignment by the NUBC	Not Used
38. Responsible Party Name and Address	Not Used
39-41. Value Codes and Amounts	Not Used

- 42. Revenue Code** **Required**
- Use Revenue Codes 0100 through 0179 to report In-Facility Days.
 - Use Revenue Code 0183 to report Therapeutic Leave Days.
 - Use Revenue Code 0185 to report Hospital Leave Days.
 - Use Revenue Code 0180 to report Non-Billable Leave Days.
 - Do Not report Leave Days on Swing Bed Claims.
- 43. Revenue Description** **Situational**
For Assisted Living Facilities, the following descriptions may be used as appropriate:
- Days in ALF
 - Hospital Leave Days
 - Therapeutic Leave Days
- 44. Rates** **Required**
Enter provider's usual and customary rate.
- 45. Service Date** **Not Used**
- 46. Units of Service** **Required**
Enter the number of days corresponding to the Revenue Code(s) reported in 42.
Days must be entered as whole numbers, not decimals or fractions.
- 47. Total Charges (by Revenue Code Category)** **Required**
Multiply the number of days reported in 46 by the rate reported in 44.
- 48. Non-Covered Charges** **Not Used**
- 49. Reserved for National Assignment by the NUBC** **Not Used**
- 50. Payer Name** **Situational**
Use when another payer was primary to Medicaid, or the client had a share of cost.
- 51. Health Plan Identification Number** **Situational**
Use when another payer was primary to Medicaid, or the client had a share of cost.
- 52. Release of Information Certification Indicator** **Not Used**
- 53. Assignment of Benefits Certification Indicator** **Not Used**
- 54. Prior Payments - Payers** **Situational**
- For services listed on this claim, enter any payments made, due, or obligated from other sources unless the source is Medicare. Other sources may include health insurance, liability insurance, excess income, etc.
 - A copy of the Medicare Explanation of Benefits (EOB), insurance remittance advice, explanation of benefits, denial, or other documentation must be attached to each claim when submitting multiple claim forms.

- DO NOT enter previous Medicaid payments, Medicare payments, or the difference between the provider's billed charge and the Medicaid allowable (provider "write-off" amount).
- Enter patient's share of cost amount (POS), if paid.

- 55. Estimated Amount Due - Payer** **Not Used**
- 56. National Provider Identifier – Billing Provider** **Required beginning 01/01/2012**
- The unique identification number assigned to the provider submitting the claim.
- Effective 01/01/2012, enter the National Provider Identifier (NPI) of the Billing Provider, as reported to Nebraska Medicaid.
- 57. Other Provider Identifier** **Required**
- Enter the eleven-digit Nebraska Medicaid provider number assigned by Nebraska Medicaid (example: 123456789-12). All payments will be made to the provider name and address listed on the Medicaid provider agreement associated with this provider number.
- Effective 01/01/2012, this field is no longer required.
- 58. Insured's Name** **Required**
- Enter Medicaid recipient's name.
- 59. Patient's Relationship to Insured** **Required**
- Use Patient Relationship code 18 for all claims.
- 60. Insured's Unique Identification** **Required**
- Enter the Medicaid recipient's complete eleven-digit identification number (example: 123456789-01).
- 61. (Insured) Group Name** **Situational**
- Recommended when Nebraska Medicaid is the secondary payer.
- 62. Insurance Group Number** **Situational**
- Recommended when Nebraska Medicaid is the secondary payer.
- 63. Treatment Authorization Code** **Situational**
- 64. Document Control Number (DCN)** **Situational**
- Required when Type of Bill Frequency Code (FL04) indicates this claim is a replacement claim or void to a previously adjudicated claim.
- 65. Employer Name of the Insured** **Not Used**

66. Diagnosis and Procedure Code Qualifier (ICD Version Indicator) Required

The qualifier denotes the version of International Classification of Diseases reported.

The ICD Version Indicator will be used to distinguish if the submitted Code is an ICD-9 or an ICD-10 Code.

Version '9' indicates the Codes entered as ICD-9 Diagnosis or Surgical Procedure Code.

Version '0' indicates the Codes entered as ICD-10 Diagnosis or Surgical Procedure Code.

67. Principal Diagnosis Code Required

Enter the International Classification of Diseases–Clinical Modification (ICD-CM) code describing the principal/primary diagnosis (i.e., the condition established after study to be chiefly responsible for occasioning the admission of the patient for care). The COMPLETE diagnosis code is required, as defined in ICD-CM. NOTE: For Assisted Living Facilities only, enter ICD-9-CM, V719 and for ICD-10, Z049.

67 A-Q. Other Diagnosis Codes–ICD-CM Situational

Enter the ICD-CM codes corresponding to conditions that co-exist at the time of admission, or that develop subsequently, and that affect the treatment received and/or the length of stay.

68. Reserved for National Assignment by the NUBC Not Used**69. Admitting Diagnosis Not Used****70 a-c. Patient's Reason for Visit Not Used****71. Prospective Payment System (PPS) Code Not Used****72. ICD-9 External Cause of Injury (ECI) Code Not Used****ICD-10 External Causes of Morbidity (V, W, X, or Y Codes) Not Used****73. Reserved for National Assignment by the NUBC Not Used****74. Principal Procedure Code and Date Not Used****74 a-e. Other Procedure Codes and Dates N Not Used****75. Reserved for National Assignment by the NUBC Not Used**

76. Attending Provider Name and Identifiers**Required**

Enter the practitioner's license number. The practitioner license number must begin with the two-digit state abbreviation followed by the state license number (example: NE123456). Enter the attending practitioner's last and first name.

NOTE: Through 12/31/2011, for Assisted Living Facilities only, enter code "MD" – generic code for ALFs.

Effective 01/01/2012, enter the National Provider Identifier (NPI) of the attending practitioner.

NOTE: For Assisted Living providers, effective 01/01/2012 this field is no longer required.

77. Operating Physician Name and Identifiers**Not Used****78-79. Other Provider Name and Identifiers****Not Used****80. Remarks Field****Situational**

Use to explain unusual services and to document medical necessity, for example, when unit limitations are exceeded.

81. Code-Code Field**Situational**

To report additional codes related to Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.

81cc.a TAXONOMY CODE OF THE BILLING PROVIDER

Effective 01/01/2012, enter the 10-digit taxonomy code of the Billing Provider, as reported to Nebraska Medicaid.

81cc.b. ZIP CODE OF THE BILLING PROVIDER

Effective 01/01/2012, enter the nine-digit Zip Code (Zip+4) of the Billing Provider, as reported to Nebraska Medicaid.